

COUNTY OF MONO

State of California

FOR COUNTY AUDITOR'S USE ONLY

CLAIM OF: _____

ADDRESS _____

VENDOR NO: _____

CLAIM NO: _____

DEPARTMENT: _____

_____ \$

_____ \$

DATE	QUANTITY	DESCRIPTION	AMOUNT	
			DOLLARS	CENTS

Expenditures authorized and approved by me:

Signed:

ACCT. NO: **1-AUDITOR-**

ACCT. NO: _____

ACCT. NO: _____

I hereby approve the above claim and certify the computations as correct

AUDITOR-CONTROLLER:

The undersigned under penalty of perjury, states: That the above claim and the items therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued

Signature of Claimant

DATE:
